

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	JA		03/30/04
FEE DETERMINATION			
O.J.P.E. CLASSIFIER			
FORMALITY REVIEW	H.S	166	4-25-01
RESPONSE FORMALITY REVIEW	TL	947	06-01-01
			08/21/01

INDEX OF CLAIMS

- ✓ ----- Rejected
- ----- Allowed
- (Through numeral) ----- Canceled
- + ----- Restricted
- N ----- Non-elected
- I ----- Interference
- A ----- Appeal
- O ----- Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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100	✓

Claim	Date
101	✓
102	✓
103	✓
104	✓
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110	✓
111	✓
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136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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